Michael Kuhn

From: Michael Kuhn
Sent: Tuesday, August 13, 2019 10:12 AM
To: michael.soybel@va.gov
Subject: Ojeda FOIA Request
Attachments: 190813 FOIA request sent directly to VA.pdf

Mr. Soybel, Thank you so much for reaching out to me this morning. Please find attached the FOIA request and all supporting documentation. Let me know if there is anything additional needed. Please confirm receipt. Have a great afternoon.

Michael A Kuhn MSW, JD
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TORISEVALAW
WE DEMAND JUSTICE

July 22, 2019

TO: **FOIA Coordinator**
Office of Inspector General
Release of Information Office
810 Vermont Ave, NW
Washington, D.C. 20420

FROM: **Teresa C. Toriseva, Esq. Counsel for Richard Ojeda**

RE: Freedom of Information Act Request Pursuant to 5 U.S.C. 522 and W.Va. Code 29B-1-3

Dear FOIA Coordinator:

Please be advised I represent Richard Ojeda. Pursuant to 5 U.S.C. 522 and W.Va. Code 29B-1-3, please provide to me at the address below, the following within five (5) days, not including Saturday, Sunday, or a legal holiday:

1. The Comprehensive Report of Investigation including attachments, which was completed by RAC Thomas C. Dominski, where veteran Richard Ojeda was a victim;

2. Any and all records relating to the investigation of the unauthorized access of Richard Ojeda's medical and mental health records by Jeffrey S. Miller of the Veteran's Bendfits Administration (VBA) currently being prosecuted in the United States District Court for the Southern District of West Virginia as criminal case 3:19-CR-185;

3. Any and all emails Jeffrey S. Miller sent to anyone that contained any reference to or included any part of Richard Ojeda's protected and confidential medical and mental health information;

4. Any and all emails forwarded, received, and replied to by Jeffrey S. Miller that contained reference to or included any part of Richard Ojeda's protected and confidential medical and mental health information;

5. Any and all records relating to the identity of any persons, organizations, or entities solicited by Jeffrey S. Miller that received an offer to disclose or a completed disclosure of any of Richard Ojeda's protected and confidential medical and mental health information;

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Please forward the requested information to:

Teresa C. Toriseva, Esq.
1446 National Road
Wheeling, WV 26003

And by email to:

justice@torisevalaw.com

Teresa C. Toriseva, Esq.

Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless is displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record – VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Address of VA Health Care Facility)*

Office of Inspector General

Washinton, DC 20420

LAST NAME- FIRST NAME- MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH
Ojeda-Richard-N	[redacted]	[redacted]

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Teresa Toriseva

Toriseva Law

1446 NAtional Road, Wheeling, WV, 26003 justice@torisevalaw.com

PURPOSE(S) OR NEED: Information is to be used by the individual for:

☐ TREATMENT ☐ BENEFITS ☒ LEGAL ☐ EMPLOYMENT ☐ OTHER *(Please specify)* _____

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

☑ HEALTH SUMMARY *(Prior 2 Years)*

☐ INPATIENT DISCHARGE SUMMARY *(Dates)*: _____

☐ PROGRESS NOTES:

- ☐ SPECIFIC CLINICS *(Name & Date Range)*: _____
- ☐ SPECIFIC PROVIDERS *(Name & Date Range)*: _____
- ☐ DATE RANGE: _____

☐ OPERATIVE/CLINICAL PROCEDURES *(Name & Date)*: _____

☐ LAB RESULTS:

- ☐ SPECIFIC TESTS *(Name & Date)*: _____
- ☐ DATE RANGE: _____

☐ RADIOLOGY REPORTS *(Name & Date)*: _____

☐ LIST OF ACTIVE MEDICATIONS: _____

☐ FLU VACCINATION *(Dose, Lot Number, Date & Location)*: _____

☒ OTHER *(Describe)*: All records including Menatal Health records as discussed in the FOIA

LAST NAME- FIRST NAME- MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH

SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.

I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization.

☐ DRUG ABUSE ☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

☐ HUMAN IMMUNODEFICIENCY VIRUS *(HIV)*

I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked unless I indicate by checking the box below that I do not want this information released for this specific disclosure.

☐ I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.

I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

EXPIRATION: Without my express revocation, the authorization will automatically expire.

☒ AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED

☐ ON _____ *(enter a future date other than date signed by patient)*

☐ UNDER THE FOLLOWING CONDITION(S): _____

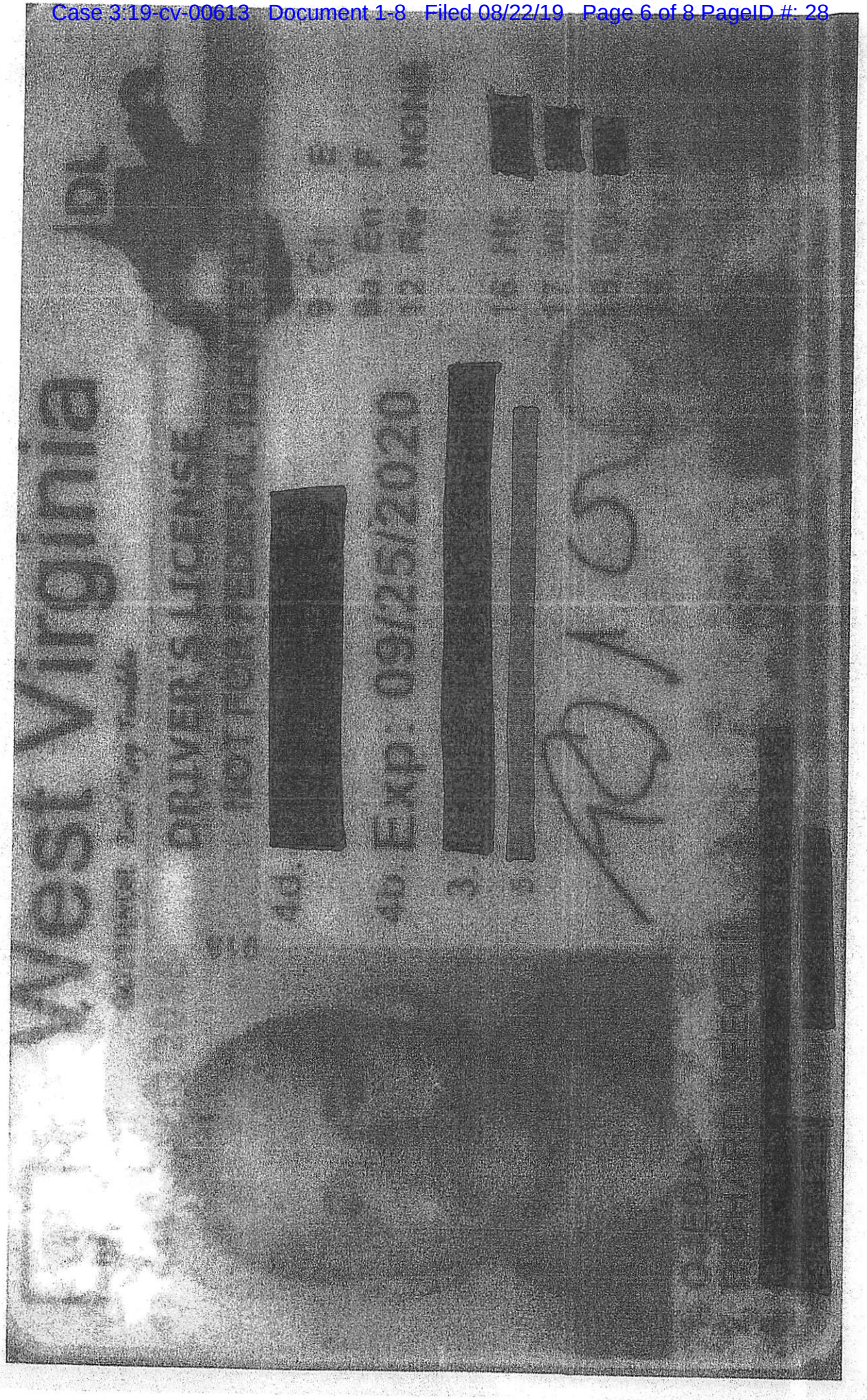
PATIENT SIGNATURE *(Sign in ink)*	DATE *(mm/dd/yyyy)*
[signature]	7/26/2019
LEGAL REPRESENTATIVE SIGNATURE *(if applicable) (Sign in ink)*	**DATE** *(mm/dd/yyyy)*
PRINT NAME OF LEGAL REPRESENTATIVE	**RELATIONSHIP TO PATIENT**

FOR VA USE ONLY

TYPE AND EXTENT OF MATERIAL RELEASED

See FOIA request.

DATE RELEASED	RELEASED BY:


West Virginia
DRIVER'S LICENSE
Exp: 09/25/2020

3. DOB:
12. RESTRICTIONS
13. ENDORSEMENT
CLICK IT OR TICKET!
WWW.DMV.WV.GOV
REN

13 AUG 2019

I, Richard N Ojeda II authorize the release of the records related to the investigation of the unauthorized access of my medical records to Teresa Toriseva and Toriseva Law.

Richard N Ojeda
304-953-4154